	241163
TATE OF SOUTH CAROLINA)	BEFORE THE PUBLIC SERVICE COMMISSION
Caption of Case) xample: Application for a Class C Charter Certificate from John Doe dba Doe's Limo)	OF SOUTH CAROLINA TRANSPORTATION COVER SHEET
APPLICATION FOR CLass E. Houseling	TRANSPORTATION COVER SHEET
HPPLICATION FOR Class E. Household) LOW COUNTRY MOVING Specialists, LLC)	DOCKET NUMBER: 2012 - 434 - 4
)))	If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.
Please type or print) Submitted by: Jose R Dos SANTOS	Telephone: (843) 737-1279
address: 276 Alexandra Drive 4	Fax:
Mount Pleasant, 50	Other:
29969	Email: ROBI DOSSANTOS @ gmail. com
NOTE: The cover sheet and information contained herein neither replaces required by law. This form is required for use by the Public Service of the filled out completely. NATURE OF ACTION	Commission of South Caronna for the purpose of dockering and mass
NATURE OF ACTION	
Application - Class A/A Restricted	Request for Name Change on Certificate
Application - Class C Taxi	Request to Amend Scope of Authority
Application - Class C Charter	Request to Amend Tariff (rate increase, etc.)
Application - Class C Charter Bus	Request to Amend Passenger Limit
Application - Class C Non-Emergency	Request
Application - Class C Stretcher Van	Exhibit
Application - Class E Household Goods	Late-Filed Exhibit
Application - Class E Hazardous Waste	Letter RECEIVED
Application	Proposed Order DEC 2 1 2012
Request for Extension to Comply with Order	Publisher's Affidavit PSC SC
Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded	Reservation Letter Response
Request for Cancellation of Certificate	Return to Petition
Request for Suspension	Other:

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

Request for Reinstatement

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

101 Executive Center Drive, Suite 100 Columbia, South Carolina 29210

(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 FAX: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER

Select Class: (Check one)	Date:	12 -10 - 2012
E (HHG) - Household Goods		
☐ E (HAZ) - Hazardous Material		
IMPORTANT! If application is to amend scope of authority, a cebefore application will be accepted. If application is for a NEW CE	current annual repor RTIFICATE, do no	t must be on file with the Commission t submit annual report.
Check one:		
New Application		
☐ Amended Scope of Authority		
Current Scope: (list counties) Amended Scope: (list counties)		
1. Name under which business is to be conducted (corporation, parts LOW COUNTRY MOVING Special Conducted (Corporation)	ecialists,	LLC
276 Alexandra Dr Street Address o	of Applicant	
Mailing Address of Applicant (if	different from street	address)
(843) 737-1279 Phone		
Phone		FAX
RODI DOS SANTOS Email Ad	@ gmail	. com.
Email Ad	ldress	

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

Se T	elect Entity Type: (Check one Individual Owner/Sole Pro	e) prietorship	
	Partnership - List names a	nd address of all person h	aving an interest in the business.
	Corporation - List names a		
_	_ Coxportment		
_			
_			
1	Applicant proposes to operat	e service as follows: (Che	eck one.)
4.	Intrastate Only	○ Interstate Only	Both
	<i></i>	-	
_	Is sentioent cortified to prov	ide intrastate transportati	ion of household goods in another state: (Check one.)
٥.	Yes	No No	··
	•	-	tate(s) stating applicant is in compliance with the rules and
	If yes, attach a letter from the regulations of said state age	з regulatory agency in the st 1cy.	rule(s) starting approximate in
6.	Has applicant been convicted by the rules and regulations other state? (Check one.)	d of operating with no intr pertaining to the intrastate	rastate household goods authority or failure to abide e transportation of household goods in this state or any
	O Yes	No	
	If yes, list dates and nature	of convictions below.	
7.	Has applicant ever had a cer	tificate authorizing the tra	ansportation of household goods revoked in this state or
	any other state? (Check one.		
		No No	
	Yes If yes, list dates and natur		

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:

Month December Year 2012

Assets:	Month December 18th 25.12
	8,640.57
Cash	(13.00
Receivables	
Real Estate	
Buildings and Equipment (Net)	
Motor Vehicles (Net)	
Garage Equipment (Net)	
Machinery and Tools (Net)	500'00
Supplies on Hand	350.00
Prepaids and Other Assets	-7
Total Assets *	9,663 57
Liabilities and Equity:	
Accounts Payable	
Notes Payable	439 00
Mortgages Payable	
Equipment Obligations	650.00
Accrued Salaries and Wages	3,000.00
Other Accrued Obligations	
Other Liabilities	
Total Liabilities	4,089.00
Capital Stock	
Retained Earnings	
Total Equity	
Total Liabilities and Equity *	4,089.00

^{*} Total Assets = Total Liabilities and Equity

PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Ch	arges (List only maxim	num charges per mile o	or trip, and/or hourly	rate):
Household Labor (Load an	2-man creu	+ Truck use () + Truck; \$ + Truck; \$ + Truck; \$	N TOWN): 95/hr 115/hr	Labor Only! 1-man crew 45/hr 2 man crew 40/hr 3 man crew 85/hr 4-man arw 100/hr
Travel Fee; 5	2.00/mile			
Piano moving Fee Piano moving Fee Furniture Pick	200 ° (Ba	pright Plano)	er piece)	
COMMOD	ITIES TO BE TR	ANSPORTED AN		BE SERVED
Commodities to be Tr	ransported: (Check one ods, as defined in R103	3-210(1)		
☐ Hazardous Wa	astes, as defined in R10	13-210(2)		
sz itt antecha ollá	Authority: Check all co owed to operate in thos nd to operate in all cour	C Counties encours		
Abbeville	Cherokee	Florence	Lee	Saluda
Aiken	Chester	Georgetown	Lexington	Spartanburg
Allendale	Chesterfield	Greenville	Marion	Sumter
Anderson	Clarendon	Greenwood	Marlboro	Union
Bamberg	Colleton	Hampton	McCormick	Williamsburg
Barnwell	Darlington	Horry	Newberry	York
Beaufort	Dillon	Jasper	Oconee	
Berkeley	Dorchester	Kershaw	Orangeburg	Statewide
Calhoun	☐ Edgefield	Lancaster	Pickens	
Charleston	Fairfield	Laurens	Richland	
Charleston				

DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

MAKE	YEAR	& MODEL		VIN#	EMPTY WEIGHT
Ford	2005	E350	Box Truck/VAL	1FDWE35L35HA72	.301
		,			

INSURANCE QUOTE

This form MUST BE COMPLETED AND SIGNED by an AUTHORIZED INSURANCE COMPANY REPRESENTATIVE.

The insurance quote must be complete, listing current insurance premiums. At the discretion insurance policies may be required. Do not provide a copy of insurance policies unless required burchase insurance until your application has been approved and an order has been issued by	ested. You will not be required to
The following insurance quote is for:	
Low Country moving Specialists LLC Name of Applicant	
Name of Applicant	
276 Alexandra Drive unit 4 mt Ple.	esout 5 € 29464
Address of Applicant	
I III VAITE OF A TOMACO	d: (See Below)
Liability Insurance \$ 503.00 Limits / n	nillion/z million 5,000
Cargo Insurance \$ 1650.00 Limits	5,000
* Attach Certificate of Insurance if available.	
american Reliable 3 Great ar	nekican
Hander Excess P.O. Box 12450 Wil ming. Home Office Address of Company	
I am familiar with the Commission's Rules and Regulations relating to insurance meets the minimum insurance limits prescribed. The insurance company making South Carolina Department of Insurance to do business in South Carolina.	requirements and the above quote this quote is authorized by the
12/17/2012 Que Authorized Insurance Company Rep	4
* Form E and Form H Certificates of Insurance are required to be filed with the Office of Reminimum limits for Household Goods carriers are listed below:	egulatory Staff (ORS). The schedule of
Vehicle liability for vehicles less than 10,000 lbs. GVWR	\$ 500,000
Vehicle liability for vehicles 10,000 lbs. or more GVWR	\$ 750,000
Cargo - For loss of or damage to property carried on any one motor vehicle	\$ 2,500
For loss of or damage to or aggregate of losses or damages of or to property occurring any one time and place	ng at \$ 5,000
NOTICE: If you wish to self-insure your motor vehicles for liability and property damage, you must compland 58-23-910. For more information, contact Vickie Coker with the Department of Motor Vehic	ly with S.C. Code Ann. Sections 56-9-60 les at (803) 896-8457.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state. sc.us/self-insurance.

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Exhibit Fit, Willing, and Able (FWA)

	Low Count	ry moving Spe	cialists	LLC
		, ,	lame	
	236 2 t U.S.D.C	170 (Intrastate) O.T. No.)	ICC No.
1.	Does Applicant have a Sa	afety Rating from the U.S.I	D.O.T.?	
	○ Yes	○ No	Pending	(Submit when received.)
	If Yes, indicate rat	ing below and provide copy	y.	
	 Satisfactory 	 Conditional 		satisfactory
	the past twelve (12) mon Yes	ths? No No outstanding judgment(s) again		ice" by Transport Police safety officers in ant?
	() Yes	No		
4.	laws that govern for-hire	th all statutes and regulation motor carrier operations in statutes and regulations?	ns, including saf n South Carolina	ety regulations and workers' compensation a, and does Applicant agree to operate
	∀es	○ No		
5.	Is Applicant aware of the therewith? (The Insuran	e Commission's insurance of the Commission's insurance of the Commission's insurance of the Commission	requirements and e completed, list	d the insurance premium costs associated ing current insurance premiums.)
	(V Yes	O No		

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA POST OFFICE DRAWER 11649 COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 26, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Applicant's Signature

President/Owner

Title of Applicant (e.g. President, Owner, etc.)

COUNTY OF Charles (a.)

Notary Public

Commission Expires

STATE OF SOUTH CAROLINA SECRETARY OF STATE

ARTICLES OF ORGANIZATION

Limited Liability Company - Domestic Filing Fee - \$110.00

CERTIFIED TO BE A TRUE AND CORRECT COPY AS TAKEN FROM AND COMPARED WITH THE ORIGINAL ON IT . IN THIS OFFICE

APR 0 4 2012

TYPE OR PRINT CLEARLY IN BLACK INK

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to S.C. Code of Laws §33-44-202 and §33-44-203.

ow Country Moving Specialists, LLC	and the following of
NOTE: The name of the limited I thin the limited limit	liability company must contain <u>onc</u> of the following comited company" or the abbreviation "L.L.C.", "LLC"
	office of the limited liability company in South Carolina
276 Alexandra Drive, Unit 4	
	Street Address 29464
Mt. Pleasant, S. C.	1
City	Zip Code
The initial agent for service of proces	ess is
Jose Robinson Dos Santos	(O)
Vante	Signature of Agent
and the street address in South Carol	olina for this initial agent for service of process is
•	,
276 Alexandra Drive, Unit 4	Street Address
Mt. Pleasant, S. C.	29464
City	Zip Code
∠ity	,,,,,
	organizer. Only one organizer is required, but you may he
man one.	
lose Pohinson Dos Santos	
(a) Jose Robinson Dos Santos	
(a) Jose Robinson Dos Santos	
(a) Jose Robinson Dos Santos	
(a) Jose Robinson Dos Santos Nanc 276 Alexandra Drive, Unit 4	S. C. 29464
(a) Jose Robinson Dos Santos Nanic 276 Alexandra Drive, Unit 4 Street Address	S. C. 29464 State Zip Code
(a) Jose Robinson Dos Santos Nanic 276 Alexandra Drive, Unit 4 Street Address Mt. Pleasant City	
(a) Jose Robinson Dos Santos Nanic 276 Alexandra Drive, Unit 4 Street Address Mt. Pleasant City	
(a) Jose Robinson Dos Santos Name 276 Alexandra Drive, Unit 4 Street Address Mt. Pleasant City (b)	
Name 276 Alexandra Drive, Unit 4 Street Address Mt. Pleasant City (b) Name	

Signature of Organizer

Name of	of Limited Liability Company Low Countr	,
	1	
[1 Check this box only if the cocompany, provide the term specific	ompany is to be a term company.	If the company is a term
[] Check this box only if mana managers. If this company is to be initial manager.	gement of the limited liability con e managed by managers, include t	npany is vested in a manag he name and address of ea
(a) Jose Robinson Dos Santos		
Namo 276 Alexandra Drive		
Street Address Mt. Pleasant	S. C.	29464
City	State	Zip Codc
(b) Name		
Street Address		
City	State	Zip Code
City	or more of the members of the confect. If one or more members are so I liabilities such members are liables not have to be completed. specified, these articles will be effort more and the solutions.	npany are to be liable for i so liable, specify which mo le in their capacity as men fective when endorsed for
City [] Check this box only if one of and obligations under §33-44-303 and for which debts, obligations of This provision is optional and doe Unless a delayed effective date is	or more of the members of the consect. If one or more members are so a liabilities such members are liables not have to be completed. specified, these articles will be effective date and the standard of the complete of th	npany are to be liable for inso liable, specify which mobile in their capacity as mentioned fective when endorsed for me.
City [] Check this box only if one of and obligations under §33-44-303 and for which debts, obligations of This provision is optional and does Unless a delayed effective date is by the Secretary of State. Specify Any other provisions not inconsist any provisions that are required of operating agreement may be included.	or more of the members of the constant (c). If one or more members are sor liabilities such members are liables not have to be completed. specified, these articles will be effective date and timestent with law which the organizer or are permitted to be set forth in the lattachment.	npany are to be liable for it so liable, specify which model in their capacity as men fective when endorsed for me. Is determine to include, include limited liability companies as make reference to this
City [] Check this box only if one of and obligations under §33-44-303 and for which debts, obligations of This provision is optional and does Unless a delayed effective date is by the Secretary of State. Specify Any other provisions not inconsist any provisions that are required of operating agreement may be included a separate and other provisions of the section if you include a separate and other provisions.	or more of the members of the constant (c). If one or more members are so a liabilities such members are liables not have to be completed. specified, these articles will be effective date and the stent with law which the organizer or are permitted to be set forth in the uded on a separate attachment.	npany are to be liable for it so liable, specify which model in their capacity as men fective when endorsed for me. Is determine to include, include limited liability companies as make reference to this

Date

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

LOW COUNTRY MOVING SPECIALISTS, LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on April 4th, 2012, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 18th day of April, 2012.

Mark Hammond, Secretary of State

772

Department of the Treasury

Internal Revenue Service Cincinnati OH 45999-0038

1/700-000-0004/-2 455091258

For assistance, call: 1-800-829-0115

Notice Number: CP261 Date: September 17, 2012

Taxpayer Identification Number:

020772.242411.0093.002 1 AT 0.374 532 իողայերդարեկցեւեւարիկակիկորբեւ

LOW COUNTRY MOVING SPECIALISTS LLC JOSE R DOS SANTOS SOLE MBR 276 ALEXANDRA DR UNIT 4 29464-2891 MT PLEASANT SC

Notice of Acceptance as an S Corporation

We have accepted your election to be treated as an S corporation beginning June 1, 2012. Your accounting period will end in December.

We would also like to take this opportunity to inform you of your tax obligations related to the payment of compensation to shareholder-employees of S corporations.

When a shareholder-employee of an S corporation provides services to the S corporation, reasonable compensation generally needs to be paid. This compensation is subject to employment taxes.

Tax practitioners and subchapter S shareholders need to be aware that Revenue Ruling 74-44 states that the Internal Revenue Service (IRS) will re-characterize small business corporation dividends paid to shareholders as salary when such dividends are paid to the shareholders in lieu of reasonable compensation for services.

The IRS may also re-characterize distributions other than dividend distributions as salary. This position has been supported in several recent court decisions.

If you have any questions about this notice or the action we have taken, please call us at the telephone number listed above. If you prefer, you may write to us at the address shown at the top of this notice. If you write to us, please provide your telephone number and the most convenient time for us to call so we can resolve your inquiry. Please return the bottom part of this notice to help us identify your case.

For tax forms, instructions and information visit www.irs.gov. (Access to this site will not provide you with your specific taxpayer account information.)

OPERATING AGREEMENT

THIS AGREEMENT entered into this 2 April 2012 at Charleston, South Carolina.

1. The intention of the undersigned is to form a Limited Liability Company known as Low Country Moving Specialists, LLC for the purpose of providing specialized moving services and to engage in related business opportunities.

This agreement is intended to serve as a memorial of the members determinations as to how the affairs of the company and the conduct of its business shall be handled. To the extent this agreement does not otherwise provide, it is intended that the provisions of the South Carolina Code of Laws governing Limited Liability Companies shall apply.

2. Duration

The period of the LLC's duration shall be perpetual.

3. Business Offices

The initial business offices shall be at 276 Alexandra Drive, Unit 4, Mt. Pleasant, South Carolina 29464.

4. Members

The initial members of the LLC shall be:

Jose Robinson Dos Santos

5. Costs of Formation

All costs and expenses, including attorney's fees, required for the formation and organization of the LLC shall be advanced by the members, share and share alike, and shall be refunded to them by the LLC.

6. Restrictions on Membership

There shall be no other members in the LLC unless this agreement is modified in writing.

7. Management

It is agreed that Jose Robinson Dos Santos shall be responsible for the day to day management of the aforesaid LLC, consisting of, but not limited to the following:

- required surety bonds, purchasing supplies, payment of bills, expenses, opening of bank accounts, filing of taxes and required forms, etc...
- b. Estimating & Bidding to consist of bidding jobs, etc...
- c. Negotiating & Contract Execution
- d. Office management
- e. Marketing/sales
- f. Hiring and firing of drivers, employees
- g. operations
- h. purchases
- i. All else necessary to operate the LLC.

8. Ownership Interests

Jose Robinson Dos Santos shall be the owner of one hundred (100%) percent of the aforesaid LLC.

The situs of the within agreement shall be Charleston County, South Carolina, and the laws of the State of South Carolina shall govern.

IN WITNESS WHEREOF, the undersigned has executed this document in the day and year first above written.

Jose Robinson Dos Santos